

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000003965

1. Entity Name
CSDC SYSTEMS, INC.



Principal Place of Business
**5800 AMBLER DR., SUITE 106
MISSISSAUGA ONTARIO CANADA
L4W 4J4, XX**

Mailing Address
**5800 AMBLER DR., SUITE 106
MISSISSAUGA ONTARIO CANADA
L4W 4J4, XX**

DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
43-1843072

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**QUINTANA, MARCOS R
5946 BAYOU GRANDE BLVD. NE
ST. PETERSBURG, FL 33703**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	MISHRA, DAN
STREET ADDRESS	5800 AMBLER DR., SUITE 106
CITY - ST - ZIP	MISSISSAUGA, ON CANADA, L4W4J4
TITLE	VCST
NAME	HENDERSON, PETER
STREET ADDRESS	35 BETHLEY DR.
CITY - ST - ZIP	TORONTO, CANADA, ON L4W4J4
TITLE	V
NAME	QUINTANA, MARCOS R
STREET ADDRESS	5946 BAYOU GRANDE BLVD., NE
CITY - ST - ZIP	ST. PETERSBURG, FL 33703
TITLE	VD
NAME	DAVID, ERIC
STREET ADDRESS	328 RUSHTON ROAD
CITY - ST - ZIP	TORONTO, CANADA, ON L4W4J4
TITLE	CTO
NAME	GOLDS, ROBB
STREET ADDRESS	5800 AMBLER DR., SUITE 106
CITY - ST - ZIP	MISSISSAUGA, ON CANADA, ON L4W4J4
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/19/06-80081-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter Henderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 28 2006 905-206-1296 Y232
Date Daytime Phone *